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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8

Application Number	09/687,138
Filing Date	October 12, 2000
First Named Inventor	Sie, John J.
Art Unit	2611
Examiner Name	Bui, Kieu Oanh T.

Attorney Docket Number

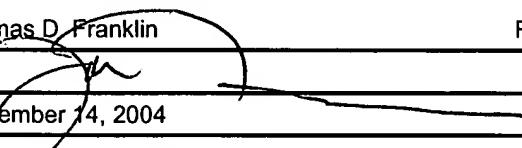
019281-000700US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<input type="checkbox"/> Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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SEP 17 2004

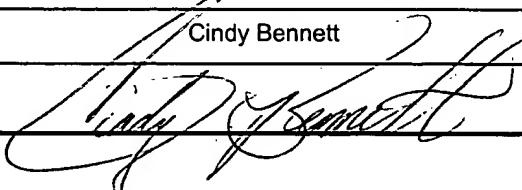
Technology Center 2600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Townsend and Townsend and Crew LLP	
Signature		
Date	Reg. No. 43,616	
Date	September 14, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

Express Mail Label: EV 291388217 US

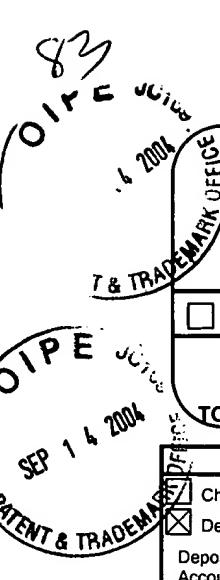
I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date September 14, 2004 and is addressed to: Commissioner for Patents, MAIL STOP: AF, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Cindy Bennett	
Signature		
	Date	September 14, 2004

09-16-04

PTO/SB/17 (10-03)

AF/2611



FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 420)

Complete if Known	
Application Number	09/687,138
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SEP 17 2004

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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit
Account
Number

20-1430

Deposit
Account
Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
				X	=

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)
	1051	130		2051	65
	1052	50		2052	25
	1053	130		1053	130
	1812	2,520		1812	2,520
	1804	920*		1804	920*
	1805	1,840*		1805	1,840*
	1251	110		2251	55
	1252	420		2252	210
	1253	950		2253	475
	1254	1,480		2254	740
	1255	2,010		2255	1,005
	1401	330		2401	165
	1402	330		2402	165
	1403	290		2403	145
	1451	1,510		1451	1,510
	1452	110		2452	55
	1453	1,330		2453	665
	1501	1,330		2501	665
	1502	480		2502	240
	1503	640		2503	320
	1460	130		1460	130
	1807	50		1807	50
	1806	180		1806	180
	8021	40		8021	40
	1809	770		2809	385
	1810	770		2810	385
	1801	770		2801	385
	1802	900		1802	900
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					SUBTOTAL (3) (\$ 420)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Thomas D. Franklin	Registration No. (Attorney/Agent)	43,616	Telephone	303-571-4000
Signature				Date	September 14, 2004

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